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Atty Docket No. 021751-001210US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner BETZ, BLAKE E.

Group Art Unit 2671

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Steven Clay Hunter et al., Application No. 10/766,515, filed January 27, 2004 for INTEGRATED OBJECT SQUASH AND STRETCH METHOD AND APPARATUS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition for Extension of Time (1 p in duplicate); and
- 3) Amendment (12 pp).

Number of pages being transmitted, including this page: 16

Dated: December 5, 2005


Stephen Y. Pang

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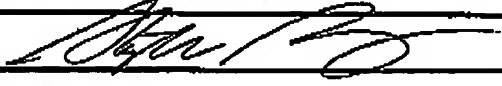
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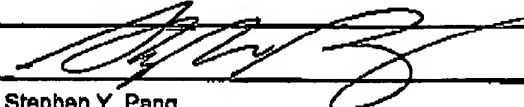
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/766,515
	Filing Date	January 27, 2004
	First Named Inventor	Mullins, David H.
	Art Unit	2671
	Examiner Name	BETZ, BLAKE E.
Total Number of Pages in This Submission	Attorney Docket Number	021751-001210US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Stephen Y. Pang		
Date	December 5, 2005	Reg. No.	38,575

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